FORM: RF page -1-

STATE OF IDAHO - STARS ROTARY FUND STATEMENT

REV: 12/27/01

•	Fund Number	r			
Stateme	ent for Month	Ending (n	nm/dd/yy)		
Balance	e in Fund Last	t Report	\$		
Credits	to Fund:				
			\$		
			\$		
			\$ \$		
			\$		
			Credits to Fund Total	\$	
			nd Plus Beginning Balance Drawn Since Last Report	\$	
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(Note: All additional	DETAIL O amounts need to lines.) Date	Amount	gative numbers. If space below is no	ST F	icient, see page 2 for

STATE OF IDAHO - STARS ROTARY FUND STATEMENT

(Note: Continue reconciliation on next sheet.)

No.	Date	Amount	Payee	Purpose of Sight Draft
	Tota	.1		

RECONCILIATION OF ROTARY FUND

STATE OF IDAHO - STARS ROTARY FUND STATEMENT

Amount of Rotary Fund	\$
Balance of Fund – State Treasury	\$

Cash on Hand:

In Possession of Disbursing Officer	\$	
Petty Cash	\$	\$

Total Cash on Hand

Claims Not Filed:

(NOTE: If space below is not sufficient additional sheet must be attached.)

Date	Sight Draft	Payee	Amount
	Number		

Total Claims Not Filed			\$	
TOTAL (Balance Fund, Total Cash on Hand & Claims not Filed)				